



Application for Death Benefits

General Information

This application is for use by persons applying for survivor benefits which may be payable under the Federal Employees' Retirement System (FERS) because of the death of an employee, former employee or annuitant who was covered by FERS. Information about FERS can be found in the booklet "FERS" (R1 00 4). It may be obtained from deceased's employing agency or

Privacy Act Statement

Solicitation of this information is authorized by the Federal Employees' Retirement System Act of 1986 (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the social security number. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or make it

Instructions For Completing Application

Type or print clearly. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number, and the deceased's name, date of birth and Social Security Number written at the top. If you do not know an answer write "unknown." If you are unsure of information (for example, if you do not know exact date), answer to the best of your ability, followed by a question mark (?).

The following additional information should help you to answer those questions on the application which are not entirely

Section A - Information About the Deceased

3. Attach a certified copy of the death certificate.
4. The legal residence is the city and state where the deceased made his/her home.
6. Recurring payments for OWCP and FERS survivor annuity benefits usually are not payable for the same period of time. The OWCP claim number appears on the U.S. Treasury checks and correspondence from OWCP.
7. If the deceased wasn't married at the time of death, write "none".
8. a. If the deceased had no former marriage, write "none".

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Section B - Information About the Applicant

5. If the deceased was your father, write "son" or "daughter" as applicable. If you are appointed by the court to settle the estate of the deceased, enter "executor" or "administrator" and attach a copy of your appointment.
6. If your most recent marriage to the deceased ended in divorce or annulment, you are not considered the deceased's widow or widower.
7. If you were married by a priest, rabbi, pastor, Justice of the Peace or other person empowered by the state to perform marriages, check "Clergyman/Justice of the Peace". If you were NOT married by someone empowered by the State to perform marriages, check "Other" and explain (for example, "common law" or "tribal marriage".) Proof of marriage (such as a copy of your marriage certificate) may be necessary to complete processing of your claim. If such proof is readily available, please attach a copy to this application.
8. If you married the deceased more than once, give the date of the most recent marriage.
9. If you were married outside the United States, give the city and country.
12. d. Give the name of the retirement system. (For example, Civil Service, Foreign Service, TVA, etc.)
 - e. Give the claim number assigned to you by that system.

Section C - Information About the Deceased's Dependent

1. a. List in order of birth date all the surviving unmarried, dependent children of the deceased. List all such children you know of no matter where they live. A dependent child is a son or daughter who is unmarried and:
 - Was under age 18 at the time of the deceased's death, including any:
 - adopted child.
 - stepchild or recognized child born out of wedlock who lived with the deceased in a regular parent-child relationship. or
 - recognized child born out of wedlock if there was a judicial determination of support or if the deceased made regular and substantial contribution for the
 - is age 18 or older but who became mentally and/or physically disabled before age 18 and who because of the disability is incapable of self-support. For each son or daughter attach a physician's statement describing the nature of the disability, the date it began, and the complete name and address of the physician we may contact if more information is needed.
 - is between age 18-22 and who is a full-time student in school.
- b. If available, please attach a copy of the certificate of each child for whom you are applying.
- c. If the unmarried dependent son or daughter is 18 or over, show if he or she is a full-time student and/or disabled.
- d. Put an "X" in the proper blocks to show how each child is